

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>06/06/1994</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CENTRIA</u> <u>EDGETOWNE SQUARE 1005 BEAVER GRADE</u> <u>MOON TOWNSHIP, PA 15108-2944</u>	2b Employer Identification Number (EIN) <u>25-1699533</u> 2c Sponsor's telephone number <u>412-299-8000</u> 2d Business code (see instructions) <u>332300</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2010</u>	<u>ROBERT J BURIK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2010</u>	<u>ROBERT J BURIK</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

CENTRIA

EDGETOWNE SQUARE 1005 BEAVER GRADE
MOON TOWNSHIP, PA 15108-2944**3b** Administrator's EIN

25-1699533

3c Administrator's telephone number

412-299-8000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

171

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

161

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

19

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

180

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

f Total. Add lines **6d** and **6e**.....**6f**

181

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

163

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500. CENTRIA	D Employer Identification Number (EIN) 25-1699533	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	414159	181	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
5950	1304

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PRIVATE WEALTH ADVISORS INC
4900 PERRY HWY
STE 300
PITTSBURGH, PA 15229

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5950	1304	REFERRAL/SERVICE FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1238320
5 Current value of plan's interest under this contract in separate accounts at year end	5	4128179

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	1775858
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	50983	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions **7c(6)** 50983**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1826841**e Deductions:**

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	226714	
(2) Administration charge made by carrier	7e(2)	188	
(3) Transferred to separate account	7e(3)	356416	
(4) Other (specify below)	7e(4)	5203	

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 588521**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 1238320

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 004</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CENTRIA</div>	<div>D Employer Identification Number (EIN)</div> <div>25-1699533</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	3701	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2009</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
<p>For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009</p>		
<p>A Name of plan CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</p>		<p>B Three-digit plan number (PN) ▶ 004</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CENTRIA</p>		<p>D Employer Identification Number (EIN) 25-1699533</p>
<p>Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)</p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE FUND</p>		
<p>b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY</p>		
<p>c EIN-PN 93-6274328-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1521363</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA-R6</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-022</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196649</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GOVT & HQ BOND SA-R6</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-007</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88482</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT-R6</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-014</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467637</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-005</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294635</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-015</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 856033</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I3</p>		
<p>b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY</p>		
<p>c EIN-PN 42-0127290-016</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 475523</p>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-I3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 344467
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-I3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146049
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196459
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273732
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 498297
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90350
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152239
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25771
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21858

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRIA	D Employer Identification Number (EIN) 25-1699533	

Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	69745	81038
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	281075	213356
(9) Value of interest in common/collective trusts	1c(9)	1146171	1521363
(10) Value of interest in pooled separate accounts	1c(10)	3037959	4128179
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	693170	983098
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1775858	1238320
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7003978	8165354

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7003978	8165354
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	232397	
(B) Participants	2a(1)(B)	564227	
(C) Others (including rollovers)	2a(1)(C)	17275	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		813899

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16812	
(F) Other	2b(1)(F)	50983	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67795
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8990	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8990
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		98392
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		830835
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		238857
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2058768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	893691	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		893691
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3701	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3701
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		897392

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1161376
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LOIUS PLUNG & CO LLC

(2) EIN: 25-1637458

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT
December 31, 2009 and 2008**

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
CENTRIA Bargaining Employees 401(k) Plan:

We were engaged to audit the financial statements and supplemental schedule of CENTRIA Bargaining Employees 401(k) Plan as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Louis Plung & Company, LLP

Pittsburgh, Pennsylvania
September 1, 2010

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS **December 31, 2009 and 2008**

ASSETS

	<u>2009</u>	<u>2008</u>
Investments (at fair value):		
Guaranteed interest contracts	\$ 1,238,320	\$ 1,775,858
Pooled separate accounts	4,128,179	3,037,959
Mutual funds	983,098	693,170
Common collective trusts	1,521,363	1,146,171
Participant loans	<u>213,356</u>	<u>281,075</u>
Total investments	<u>8,084,316</u>	<u>6,934,233</u>
Receivables:		
Employer contributions	<u>81,038</u>	<u>69,745</u>
Total receivables	<u>81,038</u>	<u>69,745</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	8,165,354	7,003,978
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(10,211)</u>	<u>56,131</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 8,155,143</u>	<u>\$ 7,060,109</u>

The accompanying notes are an integral part of these financial statements.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 25,802	\$ 98,366
Net appreciation (depreciation) in fair value of investments and realized gains and losses	1,152,725	(2,278,439)
Contributions:		
Participant	564,227	581,154
Employer	232,397	207,689
Rollover	17,275	9,267
Total additions (deductions)	<u>1,992,426</u>	<u>(1,381,963)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	893,691	484,991
Administrative expenses	3,701	2,413
Total deductions	<u>897,392</u>	<u>487,404</u>
Net increase (decrease)	1,095,034	(1,869,367)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>7,060,109</u>	<u>8,929,476</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 8,155,143</u>	<u>\$ 7,060,109</u>

The accompanying notes are an integral part of these financial statements.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the CENTRIA Bargaining Employees 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) which effective January 1, 2001 covers employees of CENTRIA (the "Company") and its subsidiaries represented for collective bargaining purposes by Local 1825, Local 1211 and Local 385.

Effective January 1, 2001, the CENTRIA Cambridge Ohio Plant Bargaining Employees 401(k) Plan, whose participants are represented for collective bargaining purposes by International Union, United Automobile, Aerospace and Architectural Implement Workers of America and its Local Union No. 1825 ("Local 1825") was renamed the CENTRIA Bargaining Employees 401(k) Plan. Also effective January 1, 2001, the Plan assets of the CENTRIA Ambridge Hourly Employees 401(k) Plan, whose participants are represented for collective bargaining purposes by the United Steel Workers of America and its Local Union No. 1211 ("Local 1211") and the CENTRIA ESD 401(k) Plan, whose participants are represented by International Brotherhood of Electrical Workers and its Local Union No. 385 ("Local 385"), were transferred into the Plan. The Plan was also amended January 1, 2001 to comply with the GUST tax laws.

The Plan was amended December 21, 2001 to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

Eligibility - Members of local 1825 who were hired prior to June 11, 2005 are required to work 45 days to fulfill service requirements.

Members of Local 1211 are eligible to participate after one year of eligibility service. One year of eligibility services is defined as a consecutive 12 month period in which the employee is credited with 1,000 hours of service.

Members of Local 385 must be at least 18 years of age and fulfill three months of eligibility service to become active participants.

Members of Local 1825 who were hired after June, 11 2005 are eligible to be active participants once they have become an employee.

Contributions - Participants may contribute the lesser of the annual limitation (\$16,500 for 2009 and 2008), or 100% of their pretax compensation as defined in the Plan document in accordance with provisions of EGTRRA. Effective January 1, 2008, all eligible employees, as outlined in the Plan Document, who were hired in 2008 or were not participating in the Plan prior to January 1, 2008 will be automatically enrolled in the Plan. The automatic elective deferral contribution is 3% and increases by 1% each year thereafter up to a maximum of 6%. Those employees that were participating in the Plan prior to January 1, 2008 will retain their current contribution percentage.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The Company matches the participants' contributions to a maximum of 25% of the first 6% of the employees' eligible compensation for Local 1211 participants. Local 1825 and Local 385 participants receive Company matching contributions to a maximum of 100% up to 1% of elective deferral as well as 50% of elective deferral over 1% but not over 6% of compensation.

The Company may make qualified nonelective contributions or various discretionary contributions as defined in the Plan document. The Company made discretionary contributions of \$81,038 and \$69,745 during Plan years 2009 and 2008, respectively.

The Plan provides for additional elective deferrals for eligible participants subject to certain limitations. Eligible participants are those participants who will attain at least age 50 before the close of the Plan year who would otherwise be eligible to make elective deferrals under the Plan. The maximum additional elective deferral for 2009 and 2008 is limited to \$5,500 and \$5,000, respectively.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions and (b) Plan earnings and losses. Earnings or losses are allocated to the participant's account at the end of each day, based on the participant's account balance at the beginning of that day.

Vesting - Participants from Local 1211 have an immediate 100% vested and nonforfeitable right to the funds they contributed to the Plan. Vesting service begins on the employee's hire date. Participants have a vested right to matching contributions made by the Company in accordance with the following vesting schedule:

<u>Period of Service</u>	<u>Percent Vested</u>
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 or more years	100%

Participants from Local 1825 who were hired on or after June 11, 2005 as well as participants from Local 385 have an immediate 100% vested and nonforfeitable right to the funds they contribute and matching contributions made by the Company. Discretionary contributions made by the Company to both participant groups are vested according to the following schedule:

<u>Period of Service</u>	<u>Percent Vested</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Participants from Local 1825 who were hired prior to June 11, 2005 have an immediate 100% vested and nonforfeitable right to funds they have contributed as well as Company matching contributions.

A participant's interest in the employer's contribution becomes 100% vested and distributable upon retirement, permanent disability or death. Upon termination of employment, unvested benefits will first be applied to pay administrative expenses, then revert back to the participants of the Plan.

Investment Options - Participants may invest their voluntary contributions, rollover contributions and the Company's contributions, plus actual earnings thereon into any of the twenty investment options maintained by Principal Life Insurance Company (the "Custodian"). The participant may change their investment election for new contributions and existing balances daily.

Payment of Benefits - The normal retirement age for Plan participants is 65, at which point the accumulated value of a participant's vested account becomes payable without penalty. Participants may opt to keep their funds in the Plan after this date, but must begin withdrawing their funds once they reach the age of 70½. Also, participants may elect to have distributions paid to them on their early retirement date, which is the later of (a) the date a participant stops working for the Company or (b) the date a participant reaches the age of 59½.

Additionally, a participant's vested account balance will be distributable upon the occurrence of any one of the following events: (a) death or disability, (b) Plan termination or (c) any other termination of employment. Upon termination of employment, if the participant's account balance is \$1,000 or less, the Plan Administrator will pay the distribution directly to the participant into a direct rollover to an individual retirement plan designated by the Plan Administrator. If the participant's account balance is greater than \$1,000 and is less than \$5,000, a participant will automatically receive a lump-sum payment, less applicable withholding taxes. If the participant's account balance is greater than \$5,000, the participant may elect to either (a) receive an immediate lump-sum amount equal to the value of their account or (b) leave the account balance in the Plan until such time as the participant decides to withdraw the account balance. The Plan Administrator will pay distributions into a direct rollover to an individual retirement plan designated by the Plan Administrator for mandatory distributions greater than \$1,000 that the Participant does not elect to have the distribution paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution in accordance with the Plan Document.

Participant Loans - The Plan document allows participants to take loans, subject to certain restrictions, against their vested account balance at the request of the participant. The total of such loans from the Plan to a participant will not exceed the lesser of the following amounts (a) or (b):

- (a) \$50,000, reduced by the highest outstanding loan balance of loans during the one-year period ending on the day before the new loan is made.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

(b) The greater of the following

1. an amount equal to 50% of any participant's current vested interest in their account.
2. \$10,000

The period of payment for any loan will be arrived at by mutual agreement between the plan administrator and the participant, but in no event will its term exceed five years. Each loan will bear interest at a reasonable rate determined annually by the plan administrator. The minimum loan amount is \$1,000 as defined in the Plan document. The maximum number of loans to be approved during any 12-month period is one. The maximum number of outstanding loans is one.

Effective for plan loans after December 31, 2001, plan provisions prohibiting loans to any shareholder-employee or owner-employee.

Plan Expenses - Expenses incurred by the plan administrator, custodian and trustees for their services and costs in administering the Plan are paid directly by the Company, except for certain fees related primarily to participant loan administration which are paid directly by the Plan.

Forfeited Accounts - Forfeitures are used to reduce future employer contributions, expenses incurred in the operation of the Plan and to restore a participant's account after a break in service, in accordance with the Plan's provisions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Net Appreciation (Depreciation) - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year if held for the entire year or from date of purchase to the end of the year.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Income Recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Investments - The valuation of investments at December 31, 2009 and 2008 is prepared by the Custodian.

Pooled separate accounts are stated at fair value as determined by quoted market prices, which represents the net assets value of shares held by the Plan at year end.

The Plan entered into an investment contract with the Custodian. The Custodian maintains the guaranteed interest contributions in a pooled account. The account is credited with actual earnings on the underlying investments (principally in federal and other government bonds, corporate bonds and commercial mortgages) and charged for plan withdrawals and administrative expenses charged by the Custodian. The contract is included in the financial statements at contract value, which approximates fair value, because it is not fully benefit responsive, as defined by FASB ASC 962 (formerly Statement of Position 94-4, "Reporting of Investment Contracts held by Health and Welfare Plans and Defined Contribution Pension Plans"). The crediting interest rates ranged from 3.22% to 4.61% for 2009 and 1.72% to 5.15% for 2008. The crediting interest rate is based on an agreed-upon formula.

The valuation of investments in mutual funds at December 31, 2009 and 2008 were presented at market value based on quoted market prices.

Participant loans are valued at cost, which approximates fair value.

The fair values of participation units in stable value collective trusts are based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund. The fund invests in conventional and synthetic investment contracts issued by life insurance companies, banks, and other financial institutions, with the objective of providing a high level of return that is consistent with also providing stability of investment return, preservation of capital and liquidity to pay plan benefits of its retirement plan investors.

New Accounting Pronouncements - The following is a listing of new accounting pronouncements issued by the Financial Accounting Standards Board (FASB) and management's assessment regarding the effect they will have on the Plan. Accounting pronouncements consist of Statements of Financial Accounting Standards (SFAS), FASB Interpretations (FIN), and Accounting Standards Codification (ASC).

In June 2009, the FASB issued guidance under the Accounting Standards Codification ("ASC") Topic 105, "Generally Accepted Accounting Principles" (SFAS No. 168, The FASB Accounting Standards Codification and Hierarchy of GAAP). This guidance establishes the FASB ASC as the single source of authoritative U.S. GAAP recognized by the FASB to be applied by non governmental entities. The ASC supersedes all existing non-SEC accounting and reporting standards. All other non-grandfathered, non-SEC accounting literature not included in the ASC has become non-authoritative. Following

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

SFAS 168, the FASB will no longer issue any standards in the form of Statements, FSPs, or EITFs Abstracts. Instead, the FASB will issue Accounting Standards Updates, which will serve on to update the ASC, provide background information about the guidance, and provide the basis for conclusions on the change in the ASC. The Plan adopted ASC 105 effective for financial statements issued as of December 31, 2009. The adoption of this guidance did not have an impact on our financial statements but will alter the references to accounting literature within the financial statements.

Management of the Plan has determined based on their review that none of the new accounting pronouncements, except for the above, that were issued are applicable to the Plan. As new accounting pronouncements are released, management will assess if they are applicable and if they are applicable, their affect will be included in the notes to the financial statements.

3. INVESTMENTS (UNAUDITED)

At December 31, 2009 and 2008, the Plan's investments and executed transactions therein were held by the Custodian. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

At December 31, 2009 and 2008, the Plan's investments consisted of the following:

	<u>2009</u>	<u>2008</u>
Guaranteed Interest Contracts	\$ 1,238,320 (a)	\$ 1,775,858 (a)
Pooled Separate Accounts		
Bond and Mortgage	294,635	215,878
Government & High Quality Bond	88,482	75,157
LargeCap S&P 500 Index	475,523 (a)	348,946
MidCap Value III	196,649	158,379
MidCap S&P 400 Index	146,048	110,984
SmallCap Growth II	196,459	165,105
SmallCap S&P 600 Index	344,467	263,598
International SmallCap	467,637 (a)	399,661 (a)
Diversified International	856,032 (a)	632,354 (a)
Core Plus Bond I	21,858	-
Principal Lifetime - 2010	273,732	330,163
Principal Lifetime - 2020	498,297 (a)	263,610
Principal Lifetime - 2030	90,350	17,168
Principal Lifetime - 2040	152,239	45,547
Principal Lifetime - 2050	25,771	11,409
Total Pooled Separate Accounts	\$ 4,128,179	\$ 3,037,959

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

	<u>2009</u>	<u>2008</u>
Mutual Funds		
American Investment Company		
of America Fund	\$ 352,607	\$ 221,003
American Growth Fund of America	462,185 (a)	333,255
Fidelity Advisor Mid Cap T Fund	<u>168,306</u>	<u>138,912</u>
Total Mutual Funds	<u>983,098</u>	<u>693,170</u>
Common Collective Trusts		
Principal Stable Value Fund	<u>1,521,363 (a)</u>	<u>1,146,171 (a)</u>
Participant Loans	<u>213,356</u>	<u>281,075</u>
Total Investments	<u>\$ 8,084,316</u>	<u>\$ 6,934,233</u>

(a) Represents 5% or more of net assets available for benefits.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$1,152,725 and (\$2,278,439) during the Plan years ended December 31, 2009 and 2008, respectively, as follows:

	<u>2009</u>	<u>2008</u>
Guaranteed Interest Contracts	\$ 50,984	\$ 2,752
Pooled Separate Accounts	830,836	(1,865,653)
Mutual Funds	238,856	(452,134)
Common Collective Trusts	<u>32,049</u>	<u>36,596</u>
	<u>\$ 1,152,725</u>	<u>\$ (2,278,439)</u>

The Plan's independent auditors did not perform auditing procedures with respect to information certified by the Custodian at December 31, 2009 and 2008 except for comparing such information to the related information included in the financial statements and supplemental schedules.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, "Fair Value Measurements and Disclosures" (formerly SFAS No. 157, "Fair Value Measurements"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques, as disclosed in Note 2, based on the inputs available to measure the fair value of its investments. There have been no changes in the methodologies used at December 31, 2009 and 2008.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan's investments at fair value, within the fair value hierarchy, are as follows as of December 31, 2009 and 2008.

Investments at December 31, 2009 and 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2009</u>				
Common Collective Trusts				
Stable Value Fund	\$ -	\$ 1,521,363	\$ -	\$ 1,521,363
Pooled Separate Accounts				
Large U.S. Equity	-	475,523	-	475,523
Small/Mid U.S. Equity	-	883,623	-	883,623
International Equity	-	1,323,669	-	1,323,669
Balanced / Asset Allocation	-	1,040,389	-	1,040,389
Fixed Income	-	404,975	-	404,975
Mutual Funds				
Large U.S. Equity	814,792	-	-	814,792
Small/Mid U.S. Equity	168,306	-	-	168,306
Guaranteed Investment Contracts	-	-	1,238,320	1,238,320
Participant Loans	-	-	213,356	213,356
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 983,098</u>	<u>\$ 5,649,542</u>	<u>\$ 1,451,676</u>	<u>\$ 8,084,316</u>

December 31, 2008

Common Collective Trusts				
Stable Value Fund	\$ -	\$ 1,146,171	\$ -	\$ 1,146,171
Pooled Separate Accounts				
Large U.S. Equity	-	348,946	-	348,946
Small/Mid U.S. Equity	-	698,066	-	698,066
International Equity	-	1,032,015	-	1,032,015
Balanced / Asset Allocation	-	667,897	-	667,897
Fixed Income	-	291,035	-	291,035
Mutual Funds				
Large U.S. Equity	554,258	-	-	554,258
Small/Mid U.S. Equity	138,912	-	-	138,912
Guaranteed Investment Contracts	-	-	1,775,858	1,775,858
Participant Loans	-	-	281,075	281,075
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 693,170</u>	<u>\$ 4,184,130</u>	<u>\$ 2,056,933</u>	<u>\$ 6,934,233</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008.

	Guaranteed Investment <u>Contract</u>	Participant <u>Loans</u>	<u>Total</u>
<u>December 31, 2009</u>			
Beginning Balance	\$ 1,775,858	\$ 281,075	\$ 2,056,933
Realized Gains/(Losses)	-	-	-
Interest Credited	50,984	-	50,984
Purchases, Sales, Issuances and Settlements (net)	<u>(588,522)</u>	<u>(67,719)</u>	<u>(656,241)</u>
Ending Balance	<u>\$ 1,238,320</u>	<u>\$ 213,356</u>	<u>\$ 1,451,676</u>
<u>December 31, 2008</u>			
Beginning Balance	\$ 1,962,326	\$ 289,069	\$ 2,251,395
Realized Gains/(Losses)	2,884	-	2,884
Interest Credited	74,043	(7,994)	66,049
Purchases, Sales, Issuances and Settlements (net)	<u>(263,395)</u>	<u>-</u>	<u>(263,395)</u>
Ending Balance	<u>\$ 1,775,858</u>	<u>\$ 281,075</u>	<u>\$ 2,056,933</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2009 and 2008 for Level 3 assets were \$0 and (\$2,884), respectively, and are reported in net (depreciation) appreciation in fair value of investments and realized gains and losses.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan invests in a stable value fund managed by Union Bond & Trust Company ("Union"). The fund consists primarily of fully benefit-responsive investment contracts. Union maintains the contributions in a collective fund. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As described in Note 2, because the guaranteed investment contracts in the stable value fund are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value fund.

Contract value, as reported to the Plan by Union, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the stable value fund at December 31, 2009 and 2008 was \$1,521,363 and \$1,146,171, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Union. Such events include, but are not limited to, the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2009</u>	<u>2008</u>
Average yields:		
Based on actual earnings	2.68%	4.46%
Based on interest rate credited to participants	2.07%	3.83%

6. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated October 20, 2009, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan has not been amended since receiving its determination letter.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the accounts of all participants will become fully vested and non-forfeitable, and assets will be allocated to each participant based on their respective account balances after payment of all final liquidation or termination expenses, pursuant to the directions of the plan administrator.

8. SUBSEQUENT EVENTS

The Company has evaluated subsequent events in accordance with Accounting Standards Codification Topic 855, Subsequent Events, through September 1, 2010, which is the date the financial statements were available to be issued. During our evaluation, no subsequent events were identified:

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2009 and 2008 to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 8,155,143	\$ 7,060,109
Adjustment to fair value from contract value for fully benefit-responsive investment contract	<u>10,211</u>	<u>(56,131)</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 8,165,354</u>	<u>\$ 7,003,978</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following is a reconciliation of net appreciation in fair value of investments and realized gains and losses per the financial statements for the years ended December 31, 2009 and 2008 to Schedule H of Form 5500:

	<u>2009</u>	<u>2008</u>
Net appreciation in fair value of investments per the financial statements	\$ 1,152,725	\$ (2,278,439)
Unrealized gain resulting from the adjustment to fair value from contract value for fully benefit-responsive investment contract	<u>66,342</u>	<u>(56,131)</u>
Net appreciation in fair value of investments per Schedule H of Form 5500	<u>\$ 1,219,067</u>	<u>\$ (2,334,570)</u>

SUPPLEMENTAL SCHEDULE

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

PLAN NUMBER 004

EIN 25-1699533

SCHEDULE H PART 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Year Ended December 31, 2009

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Principal Life Insurance Company	Guaranteed Interest Contract 3 year (interest rate .94%)	**	\$ 375,471
*	Principal Life Insurance Company	Guaranteed Interest Contract 7 year (interest rate .94% to 3.18%)		<u>862,849</u>
		Total Guaranteed Interest Contracts		<u>\$ 1,238,320</u>
*	Principal Life Insurance Company	Bond and Mortgage	**	294,635
*	Principal Life Insurance Company	Government & High Quality Bond	**	88,482
*	Principal Life Insurance Company	LargeCap S&P 500 Index	**	475,523
*	Principal Life Insurance Company	MidCap Value III	**	196,649
*	Principal Life Insurance Company	MidCap S&P 400 Index	**	146,048
*	Principal Life Insurance Company	SmallCap Growth II	**	196,459
*	Principal Life Insurance Company	SmallCap S&P 600 Index	**	344,467
*	Principal Life Insurance Company	International SmallCap	**	467,637
*	Principal Life Insurance Company	Diversified International	**	856,032
*	Principal Life Insurance Company	Core Plus Bond I	**	21,858
*	Principal Life Insurance Company	Principal Lifetime - 2010	**	273,732
*	Principal Life Insurance Company	Principal Lifetime - 2020	**	498,297
*	Principal Life Insurance Company	Principal Lifetime - 2030	**	90,350
*	Principal Life Insurance Company	Principal Lifetime - 2040	**	152,239
*	Principal Life Insurance Company	Principal Lifetime - 2050	**	<u>25,771</u>
		Total Pooled Separate Accounts		<u>\$ 4,128,179</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

PLAN NUMBER 004

EIN 25-1699533

SCHEDULE H PART 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Year Ended December 31, 2009

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	American Funds Service Company	American Investment Company of America Fund	**	\$ 352,607
	American Funds Service Company	American Growth Fund of America	**	462,185
	Fidelity Investments	Fidelity Advisor Mid Cap T Fund	**	<u>168,306</u>
		Total Mutual Funds		<u>\$ 983,098</u>
	Union Bond & Trust Company	Principal Stable Value Fund	**	<u>\$ 1,521,363</u>
*	Participant Loans	Participant Loans consisting of various terms from 1 to 5 years, interest at prime plus 2%, interest rates range from 5.25% to 11.50%	0	<u>213,356</u>
		Total Investments		<u><u>\$ 8,084,316</u></u>

* Party-in-Interest

** Cost omitted for participant directed investments

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CENTRIA BARGAINING EMPLOYEES
401(K) PROFIT SHARING PLAN
EIN 25 1699533
PLAN NUMBER 004
PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Union Bond & Trust Company	Common/Collective Trust Principal Stable Value Fund	\$ 0.00	\$ 1,521,363.00
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 1,238,319.95
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value III SA-R6	\$ 0.00	\$ 196,649.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Govt & HQ Bond SA-R6	\$ 0.00	\$ 88,481.79
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl SmallCap Sep Acct-R6	\$ 0.00	\$ 467,636.82
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	\$ 0.00	\$ 294,635.23
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	\$ 0.00	\$ 856,032.53
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-I3	\$ 0.00	\$ 475,523.11
	Fidelity Investments	Registered Investment Company Fidelity Adv Mid Cap T Fund	\$ 0.00	\$ 168,306.03
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-I3	\$ 0.00	\$ 344,467.12
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-I3	\$ 0.00	\$ 146,048.53
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth II SA-R6	\$ 0.00	\$ 196,458.66
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	\$ 0.00	\$ 273,731.85
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	\$ 0.00	\$ 498,296.90
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	\$ 0.00	\$ 90,349.95

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CENTRIA BARGAINING EMPLOYEES
401(K) PROFIT SHARING PLAN
EIN 25 1699533
PLAN NUMBER 004
PLAN YEAR 01/01/2009 TO 12/31/2009

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